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APPROVED   (r., no. & 462)  I. FIRST OR REVISED APPLICATION  Lets an "X" in the appropriate box in A or B before first and post only) to indicate whether this is the first application you are submitting for your facility or produced the appropriate data.  I. FIRST APPLICATION [pipes as: "X" below and provide the appropriate data)  I. FIRST APPLICATION [pipes as: "X" below and provide the appropriate data)  I. FIRST APPLICATION [pipes as: "X" below and provide the appropriate data)  I. FIRST APPLICATION [pipes as: "X" below and provide the appropriate data)  I. FIRST APPLICATION [pipes as: "X" below and provide the appropriate data)  I. FIRST APPLICATION [pipes as: "X" below and provide the appropriate data)  I. FIRST APPLICATION [pipes as: "X" below and provide the appropriate data)  I. FIRST APPLICATION [pipes as: "X" below and provide the appropriate data)  I. FIRST APPLICATION [pipes as: "X" below and provide the appropriate data)  I. FIRST APPLICATION [pipes as: "X" below and provide the appropriate data)  I. FIRST APPLICATION [pipes as: "X" below and provide the appropriate data)  I. FIRST OR REVISED APPLICATION  I. FIRST APPLICATION [pipes as: "X" below and provide the appropriate data)  I. FIRST OR REVISED APPLICATION  I. FIRST APPLICATION [pipes as: "X" below and provide the application, not your feelinty for application, not your feelinty for application, not you are submitted provided for application, not you are submitted provided for application, not you are submitted provided for application, not you are submitted applications on your applications on your applications on your applicatio	FOR OF				Joimation	is requ	ireu	under S	ecuon	3003	o <sub>l</sub> Re	,RA.)	1 2			LAL STATE	13 14
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PROCESS   PROPERTY   PROVIDE THE DATE OF				See instruction	ns for defi						77	13.3	2.Ni	EW FAC	LITY (C		
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II. PROCESSES CODES AND DESIGN CAPACITIES  II. PROCESSES CODE — Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for making codes, if more lines are needed, enter the code(s) in the space provided. If a process will be used the in not included in the list of codes below, then describes the process.  I. AMOUNT — Enter the amount.  1. AMOUNT — Enter the amount.  2. UNIT OF MEASURE — For each carded several an old and a strength of the process.  1. AMOUNT — Enter the amount.  2. UNIT OF MEASURE — The amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.  PROCESS CODE — Entered and the code from the list of unit measure codes below the describes the unit of measure codes below the describes the unit of measure used. Only the units of measure that are listed below should be used.  PROCESS CODE — Entered and the code from the list of unit measure codes below the describes the unit of measure used. Only the units of measure that are listed below should be used.  PROCESS CODE — Entered and the code from the list of unit measure codes below the describes the unit of measure used. Only the units of measure that are listed below should be used.  PROCESS CODE — Entered and the code from the list of unit measure codes below the describes the unit of measure used. Only the units of measure used. Only the u	3. REVIS	ED APP	LICATION (		below and	comp	lete l	Item I al	ove)					ACILIT	Y HAS A	RCRA PER	MIT
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## III. PROCESSES (continued)

c. space for additional process codes or for describing other processes ( $code\ "T04"$ ). For each process entered here include design capacity.

Line No.	Process Code	Process Design Capacity Amount	Unit of Measure
11	S02	2000	G
12	S02	4380	G

## IV. DESCRIPTION OF HAZARDOUS WASTES

- A. EPA HAZARDOUS WASTE NUMBER Enter the four—digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four—digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste/s/ that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE For each quantity entered in column 8 enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS		KILOGRAMS	K
TONS	<b>.</b> T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

## D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant,

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- 1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- 3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous weste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non—listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

			EP/				UNIT											D. PROCESSES
LINE NO.	W	151	AR FE I	10	B. ESTIMATED ANNUAL QUANTITY OF WASTE	SI (e	MEA URE inter ode)				1. F		CES (ent		ODE	s		2. PROCESS DESCRIPTION (if a code is not entered in D(1))
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X-2	D	0	0	2	400		P	T	0	3	D	8	0	1	T		1 1	
X-3	D	0	0	1	100		P	T	0	3	D	8	0	Т			1 1	
X-4	D	0	0	2					1			1			T		1 1	included with above

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

THE REAL PROPERTY.	EPA	di:	3. N	MU	BER (enter from page:1)	/	1	1					FOR	OFFIC	HALBUSE!	
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DESCRIPTION OF HAZARDOUS WAST (continued)		
. USE THIS SPACE TO LIST ADDITIONAL PROCESS COD	ES FROM ITEM D(1) ON PAGE 3.	
81	4	
PS		
	*	
EPA-I.D: No: (enter from page I)	•	
00008189636		
FACILITY DRAWING		
. FACILITY DRAWING  Ill existing facilities must include in the space provided on page 5 a scal	e drawing of the facility (see instructions for more	detail).
I. PHOTOGRAPHS		
All existing facilities must include photographs (aerial or ground	nd-level) that clearly delineate all existing st	ructures; existing storage,
reatment and disposal areas; and sites of future storage, treatment	nent or disposal areas (see instructions for me	ore detail).
II. FACILITY GEOGRAPHIC LOCATION		
LATITUDE (degrees, minutes, & seconds)	LONGITUDE (degrees	minutes, & seconds)
85 68 87 68 69 - 71	72 - 74 71	76 77 - 79
III. FACILITY OWNER		
III. FACILITY OWNER		
III. FACILITY OWNER  A. If the facility owner is also the facility operator as listed in Sec skip to Section IX below.	tion VIII on Form 1, "General Information", place	an "X" in the box to the left and
HI. FACILITY OWNER  A. If the facility owner is also the facility operator as listed in Secsitip to Section IX below.  B. If the facility owner is not the facility operator as listed in Secsion IX owner is not the facility operator as listed in Secsion IX.	tion VIII on Form 1, "General Information", place	an "X" in the box to the left and
III. FACILITY OWNER  A. If the facility owner is also the facility operator as listed in Sec skip to Section IX below.  B. If the facility owner is not the facility operator as listed in Section 1. NAME OF FACILITY'S LEG	tion VIII on Form 1, "General Information", place	an "X" in the box to the left and
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III. FACILITY OWNER  A. If the facility owner is also the facility operator as listed in Secsish to Section IX below.  B. If the facility owner is not the facility operator as listed in Secsis I. NAME OF FACILITY'S LEG.  1. NAME OF FACILITY'S LEG.  3. STREET OR P.O. BOX  C. G. G.  X. OWNER CERTIFICATION  certify under penalty of law that I have personally examined documents, and that based on my inquiry of those individuals submitted information is true, accurate, and complete. I am an including the possibility of fine and imprisonment.  A. NAME (print or type)  B. SIGNA	tion VIII on Form 1, "General Information", place tion VIII on Form 1, complete the following items  A. CITY OR TOWN  and am familiar with the information submit immediately responsible for obtaining the inware that there are significant penalties for su	an "X" in the box to the left and  2. PHONE NO. (area code & 199 56 - 50 199 - 61 62 - 55. ST.  6. ZIP CODE  atted in this and all attached formation, I believe that the abmitting false information,  C. DATE SIGNED
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III. FACILITY OWNER  A. If the facility owner is also the facility operator as listed in Secretary to Section IX below.  B. If the facility owner is not the facility operator as listed in Secretary III. NAME OF FACILITY'S LEG	tion VIII on Form 1, "General Information", place tion VIII on Form 1, complete the following items AL OWNER  4. CITY OR TOWN  and am familiar with the information submit immediately responsible for obtaining the inware that there are significant penalties for submit immediately responsible for obtaining the inware that there are significant penalties for submit immediately responsible for obtaining the inware that there are significant penalties for submit immediately responsible for obtaining the inware that there are significant penalties for submit immediately responsible for obtaining the inware that there are significant penalties for submit immediately responsible for obtaining the information submit immediately responsible for obtaining the inform	an "X" in the box to the left and  2. PHONE NO. (area code & 195 56 - 58 195 - 61 62 - 55. ST. 6. ZIP CODE  atted in this and all attached formation, I believe that the abmitting false information,  C. DATE SIGNED  7-12-63
A. If the facility owner is also the facility operator as listed in Sec skip to Section IX below.  B. If the facility owner is not the facility operator as listed in Section IX.  1. NAME OF FACILITY'S LEG.  3. STREET OR P.O. BOX  C. G.  X. OWNER CERTIFICATION  certify under penalty of law that I have personally examined documents, and that based on my inquiry of those individuals submitted information is true, accurate, and complete. I am at including the possibility of fine and imprisonment.  A. NAME (print or type)  Harold D. Altis	tion VIII on Form 1, "General Information", place tion VIII on Form 1, complete the following items AL OWNER  4. CITY OR TOWN  5. In and am familiar with the information submit immediately responsible for obtaining the information submit immediately submit immediately submit immediately submit immediately submit imm	an "X" in the box to the left and  2. PHONE NO. (area code & 198 56 - 58 199 - 61 62 - 55. ST.  6. ZIP CODE  atted in this and all attached formation, I believe that the abmitting false information,  C. DATE SIGNED  7-12-63  atted in this and all attached formation, I believe that the aformation, I believe that the aformation, I believe that the

A. NAME (print or type)

Robert D. Singleton

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C. DATE SIGNED

9 SEPT. 1983